

FORM TO BE USED BY A STATE PRISONER IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. SECTION 1983 OR BY A FEDERAL PRISONER IN FILING A BIVENS CLAIM.

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NORTH CAROLINA  
WESTERN DIVISION

FILED

SEP 17 2014

JULIE A. RICHARDS, CLERK  
US DISTRICT COURT, EDNC  
BY                      DEP CLK

NO. \_\_\_\_\_  
(leave this space blank)

Edgar W. Simmons Jr. (KEM)

(enter full names of each plaintiff(s))

Doctor Carlson. Inmate Number 0369770.  
Doctor, Mr. Richard Rizzutti. "Greenville"

(enter full names of each defendant(s))

PLASTIC  
surgery  
office!!!!

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I. HAVE YOU BEGUN OTHER LAWSUITS IN FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION? YES ( ) NO ( )

If your answer is YES, describe the former lawsuit in the space provided below:

II. DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT TO THE STATE INMATE GRIEVANCE PROCEDURE? YES ( ) NO ( )

If your answer is YES:

1. What steps did you take? I WAS too drugged up to remember

2. What was the result? (Attach copies of grievances or other supporting documentation.)

Anything!! But now, I know what's  
going on!!!!

### VERIFIED STATEMENT

I have been advised of the requirements regarding exhaustion of administrative remedies and now submit this verified statement.

(Please choose the box that applies to your action):

☐ There are no grievance procedures at the correctional facility at which I am being confined.

This cause of action arose at \_\_\_\_\_, and I am now being housed at \_\_\_\_\_. Therefore, I do not believe I have administrative remedies relating to this complaint at this time.

☒ I have exhausted my administrative remedies relating to this complaint and have attached copies of grievances demonstrating completions.

### III. PARTIES:

In Item "A" below, place your name in the first blank and your present address in the second blank. Do the same for additional plaintiffs, if any. NOTE: ALL PLAINTIFFS LISTED IN THE CAPTION ON THE FIRST PAGE SHOULD BE LISTED IN THIS SECTION. 0369770.

A. Name of Plaintiff:

Edgar W. Simmons Jr.

Name of Present Confinement

Alexander Correction Inst.

Address of Present Confinement

633, Old Landfill Rd. Taylorsville, N.C. 28681.

In Item "B" below, place the full name of defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item (C) through (F) for additional defendants. NOTE: ALL DEFENDANTS LISTED IN THE CAPTION ON THE FIRST PAGE SHOULD BE LISTED IN THIS SECTION.

B. Defendant

Dr. Walker, 2. Dr. MANKOFF.

Position

"New York State."

Employed at

"Harlem Hospital Center."

Address

Capacity in which being sued: Individual ( ) Official ( ) Both ( )

C. Defendant

Position

Employed at

Address

Capacity in which being sued: Individual ( ) Official ( ) Both ( )

- D. Defendant DR. WALKER!! DR. MANKOFF!!!  
 Position "NEW YORK STATE."  
 Employed at \_\_\_\_\_  
 Address \_\_\_\_\_  
 Capacity in which being sued: Individual ( ) Official ( ) Both ( )
- E. Defendant \_\_\_\_\_  
 Position \_\_\_\_\_  
 Employed at \_\_\_\_\_  
 Address \_\_\_\_\_  
 Capacity in which being sued: Individual ( ) Official ( ) Both ( )
- F. Defendant \_\_\_\_\_  
 Position \_\_\_\_\_  
 Employed at \_\_\_\_\_  
 Address \_\_\_\_\_  
 Capacity in which being sued: Individual ( ) Official ( ) Both ( )

#### IV. STATEMENT OF CLAIM

State here as briefly as possible the **FACTS** of your case. Describe how **each** defendant is involved. Include also the names of the other persons involved, dates and places. **DO NOT GIVE ANY LEGAL CITATIONS OR ANY LEGAL ARGUMENTS OR CITE ANY STATUTES.** If you wish to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets if necessary.

After, the "Gonocamastia",  
 I went to "Greenville plastic  
 surgery", to go under the  
 knife, for, 4 1/2 Hours, to cut  
 the Titties, the muscles, out  
 of my chest, CAUSE of the  
 medications, I WAS "force'd"  
 to TAKE!!!

"700, West Ash Street."

REVISED DATE: 09/2001

Here's how to get my medical record. 1. Cherry Hospital. 700, West Ash Street. Wayne County. 2. Dorothea Dix Hospital. The "Tide Land" Mental Health Center. Williamston, N.C. I wish to come in the court house, with my petition of complaint. A "MAT-practice" Law suit, for, faulty, "court order," to take "mental," pharmaceutical drugs for nothing!!! These pharmaceutical drugs caused me to have Female Breast's's!!! "My medical records." "Cherry, "Cherry Hospital!!!" 700, West Ash Street. Gold'sboro N.C.

V. RELIEF SOUGHT BY PRISONER

State briefly exactly what you want the Court to do for you. MAKE NO LEGAL ARGUMENTS. DO NOT CITE CASES OR STATUTES.

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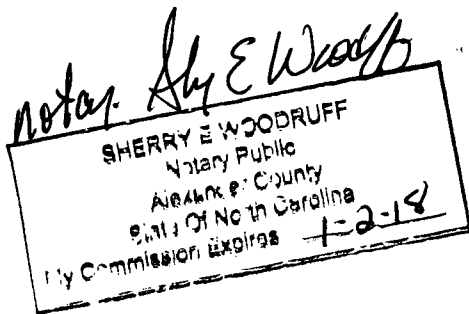
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Signed this 12 day of Sept, 2014.

*Edgar Simmons Jr.*  
\_\_\_\_\_  
Signature of Plaintiff

\_\_\_\_\_  
Signature of other Plaintiffs  
(if necessary)

I declare under penalty of perjury that the foregoing is true and correct.

9-12-14  
\_\_\_\_\_  
Date

*Edgar Simmons Jr.*  
\_\_\_\_\_  
Signature of Plaintiff

\_\_\_\_\_  
Signature of other Plaintiffs  
(if necessary)